2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90036 028 ***150.00

DOCUMENT # K04277

1. Entity Name

CUSTOM TIME & MATERIALS SOFTWARE, INC.

Principal Place of Business: 11719 Grand Hills Blvd, Clermont FL 34711

Mailing Address:

2. Principal Place of Business: 11719 Grand Hills Blvd.

Suite, Apt. #, etc.:

3. Mailing Address:

Suite, Apt. #, etc.:

City & State: Clermont FL

Zip: 34711 Country: Lake

City & State:

Zip:

Country:

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0016438 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCINVALE, GEORGE M

7. Name and Address of New Registered Agent

Name: McInvale, George M.

Street Address (P.O. Box Number is Not Acceptable): 2965 Shamrock North #14

City: Tallahassee FL Zip Code: 32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: G M McInvale — G. M. McInvale President — 4/24/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted] FILING FEE IS $150.00 [redacted] Fee will be $550.00 [redacted] payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
P MCINVALE, GEORGE M	☐
	☐
	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
2965 Shamrock North, #14 Tallahassee FL 32308	☒	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

G M McInvale — G. M. McInvale, President — 4/24/01